Rev. 12/19/08

LOCAL BANKRUPTCY FORM 3015-3(b)

IN THE UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:				
		:	CHAPTER	
		: •	CASE NObk	₹ ■
		• •	CASE NO	L
		:		
	Debtor (s)	:		
			REGARDING FOBLIGATION(S)	
Consumer Protects to the applicable st	ion Act of 2005 requires that the child support enforcements to complete the following	e trustee to nent agency	provide written notice to to. In order for the trustee to.	tcy Abuse Prevention and the holder of the claim and to comply with the Act, the ation is true and correct by
1. Name of Dome	estic Support Obligee			
Claim Holder	Last Name			
	Last Name		First	Middle Initial
2. Address of Dor	mestic Support Obligee			
Claim Holder				
	Street		City	
-	County		State	Zip
3. Telephone Nur	nber of Domestic Support	Obligee		
C1 ' 11 11		-		
Claim Holder	(Area Code) Phone	Number		
4. If you are paying	ng a Domestic Support Ob		rsuant to a Court Order, p	provide the following:
	Name of Court			
	Address of Court			
	Docket Number		I	PACSES Number
The undersigned h	nereby certifies that the for	egoing state	ements are true and correc	et under penalty of perjury.
DATED:		BY:		
	·	•	Debtor	